



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E413066**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00857	
LOCAL AGENCY CODING	0664	
TOTAL # OF UNITS	02	OBJECT STRUCK <input type="checkbox"/>

DATE OF COLLISION	04	-	01	-	2015	TIME (2400)	1716	COUNTY #	31	MILES	0	CITY #	0664
N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>													

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

20TH ST SE BLOCK NO. ☒ **8200**

MILE POST ☐

DISTANCE **250** **00** MILES ☐ N ☐ E ☐ S ☒ W ☒

OF (REFERENCE OR CROSS STREET) **83RD AVE SE**

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2063564562
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LAST NAME	BUTTON	FIRST NAME	JOSHUA	MIDDLE INITIAL	J
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STREET NEW ADDRESS **1111 47TH ST SE APT 116**

CITY	EVERETT	ST	WA	ZIP	982032858
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	BUTTOJJ202NE	STATE	WA	SEX	M	D.O.B.	08	-	05	-	1980
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ACS4391	STATE	WA	VIN#	1D4GP25B24B572457
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2004	MAKE	DODG	MODEL	CARAV	STYLE	SV	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **JOSHUA BUTTON 100 S DAVES RD LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	5Z0233093	CHARGE	OP MOT VEH W/OUT INSURANCE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3609264976
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LAST NAME	MEFFORD	FIRST NAME	MICHAEL	MIDDLE INITIAL	C
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STREET NEW ADDRESS **6076 ROCKY BRANCH ROAD**

CITY	FRANKFORT	ST	KY	ZIP	406010000
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CDL	D	RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	M09952512	STATE	KY	SEX	M	D.O.B.	02	-	07	-	1978
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	1690623A	STATE	WA	VIN#	2T1BU4EE0DC071171
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	TOYT	MODEL	COROLL	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #		CHARGE	
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USAA 01945 61 50U 7105 2



OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E413066

CASE #

15-00857

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 2 and Unit 1 were both traveling westbound in the 8200 20th St SE. Unit 2 was slowing down for traffic when Unit 1 failed to see Unit 2 had slowed. Unit 1 rear-ended Unit 2 causing significant damage to Unit 2. There were no reported injuries and both vehicles were driven from the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-02-15 04:37 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

4/2/2015 11:23:48 PM

BADGE OR ID # 075

ORI # WA0311900

TIME POLICE DISPATCHED 5:16 PM

TIME POLICE ARRIVED 5:16 PM



8200 20TH ST SE



DRAWING IS NOT TO SCALE

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-00857



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) MEFFORD, MICHAEL C.	RACE W	ETH	SEX M	DOB 2/7/78	AGE 37	HGT 70	WGT 200	HAIR BR	EYES BL
STREET ADDRESS 13008 7TH ST NE		CITY LAKE STEVENS			STATE WA		ZIP 98258	RES. STATUS		
HOME PHONE 360-926-4976		CELL PHONE 360-926-4976			PLACE OF EMPLOYMENT US NAVY					
WORK PHONE 425-304-4620		EMAIL ADDRESS michael.mefford@navy.mil								

I, MICHAEL C. MEFFORD, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I HAD COME TO A STOP FOR TRAFFIC AND THE CAR BEHIND ME DID NOT STOP.


I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 01 APR 15	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

VICTIM/WITNESS STATEMENT

			
HGT	WGT	HAIR	EYES
5'11"	220	BRN	BLU
ZIP	RES. STATUS		
98258			

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Buttlin Joshua James	RACE W	ETH	SEX M	DOB 08-05-80	AGE 34	HGT 5'11"	WGT 220	HAIR BRN	EYES BLU
STREET ADDRESS 8727 12th St NE		CITY Lake Stevens				STATE WA	ZIP 98208	RES. STATUS		
HOME PHONE N/A		CELL PHONE 206-356-4562				PLACE OF EMPLOYMENT				
WORK PHONE N/A		EMAIL ADDRESS Joshua.Buttlin@gmail.com								

1. Joseph Buhan, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

on April 1st 2015 at approximately 5:00 p.m.
I was traveling east on 20th St when traffic stopped
suddenly and I crashed into a blue Toyota Corolla
that was in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

DATE SIGNED _____

LOCATION SIGNED

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE OF

Incident History for: #SS15006246

Case Numbers: \$SS15000857

Entered 04/01/15 17:16:37 BY SPDP17 SP0377
Dispatched 04/01/15 17:16:37 BY SPDP17 SP0377
Enroute 04/01/15 17:16:37
Onscene 04/01/15 17:16:37
Closed 04/01/15 17:44:38

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: HT

Police BLK: SS002 Fire BLK: AG1617D Map Page: 377D-6 Group: SS1 Beat: Sr

c:

Loc: 20 ST NE/83 AV NE ,LKS (V)

Loc Info:

Name: Addr: Phone:

/1716 (SP0377) \$OUTSRV , NO MORE INFORMATION
/1716 DISPOS 19D3 #SS75 CHRISTENSEN, OFCR (CHAD)
/1716 CHANGE , NO MORE INFORMATION
LOC: WO 83/20 ST --> 20 ST NE/83 AV NE ,LKS,
BLK: --> SS002
/1717 ASSTOS 19D1 [20 ST NE/83 AV NE ,LKS]
#SS112 WARBIS, OFFICER (STEVE)
/1721 (SP0333) ASNCAS 19D3 \$SS15000857
/1724 (SS112) *CLEAR 19D1 D/D
/1744 (SP0377) CLEAR 19D3 D/HT
/1744 CLOSE 19D3